

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

INDIANA DENTAL PAC

ADDRESS (number and street)

1200 N WALNUT STREET

☐Check if different
than previously
reported. (ACC)

HARTFORD CITY

IN

47348

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00082636

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☒July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2006

through

06

30

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Raymond Maddox

Signature of Treasurer

Electronically Filed by Raymond Maddox

Date

07

14

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

| | | | | | | | |
|-----------------------|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | |
|-----------------------|--|--|--|--|--|--|--|

FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
INDIANA DENTAL PAC

Report Covering the Period:

From:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 4 | 0 | 1 | 2 | 0 | 0 | 6 |

To:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 6 | 3 | 0 | 2 | 0 | 0 | 6 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 2006 | | 65965.01 |
| (b) Cash on Hand at Beginning of Reporting Period | 87139.45 | |
| (c) Total Receipts (from Line 19) | 1207.08 | 26831.52 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 88346.53 | 92796.53 |
| 7. Total Disbursements (from Line 31) | 13900.00 | 18350.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 74446.53 | 74446.53 |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name
INDIANA DENTAL PAC

Report Covering the Period:

From:

| | |
|---|---|
| M | M |
| 0 | 4 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

To:

| | |
|---|---|
| M | M |
| 0 | 6 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (i) Itemized (use Schedule A) | | |
| (ii) Unitemized | 900.00 | 26340.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) ➡ | 900.00 | 26340.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡ | 900.00 | 26340.00 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 307.08 | 491.52 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 1207.08 | 26831.52 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 1207.08 | 26831.52 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | 0.00 | 0.00 |
| (i) Federal Share..... | | |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡ | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| 29. Other Disbursements..... | 13900.00 | 18350.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 13900.00 | 18350.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 13900.00 | 18350.00 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 900.00 | 26340.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 900.00 | 26340.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 13

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

INDIANA DENTAL PAC

| | | | |
|---|------------------------------------|---|--|
| A. Full Name (Last, First, Middle Initial) Citigroup Global Mkts Inc. | | Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6 | |
| Mailing Address 111 Monument Circle Suite 3100 | | Transaction ID: SA17.4380 | |
| City Indianapolis | State IN | Zip Code 46204 | Amount of Each Receipt this Period 307.08 |
| FEC ID number of contributing federal political committee. C | | Investment Income | |
| Name of Employer | Occupation | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 491.52 | | |

SUBTOTAL of Receipts This Page (optional)

307.08

TOTAL This Period (last page this line number only)

307.08

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 / 13

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
INDIANA DENTAL PAC

| | | |
|---|--|--|
| A. Brian Bosma Full Name (Last, First, Middle Initial) Mailing Address 8971 Bay Breeze Lane City Indianapolis State IN Zip Code 46236 Purpose of Disbursement Campaign Contribution Candidate Name Brian Bosma Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 88 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB29.4403 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00 |
| B. Mary Kay Budak Full Name (Last, First, Middle Initial) Mailing Address 5144 N. Pawnee Trail City LaPorte State IN Zip Code 46350 Purpose of Disbursement Campaign Contribution Candidate Name Mary Kay Budak Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 20 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB29.4396 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00 |
| C. William A Crawford Full Name (Last, First, Middle Initial) Mailing Address 3731 Station St. #B9 City Indianapolis State IN Zip Code 46218 Purpose of Disbursement Campaign Contribution Candidate Name William A Crawford Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 98 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB29.4386 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 6 Amount of Each Disbursement this Period 500.00 |

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 / 13

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
INDIANA DENTAL PAC

| | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Suzanne Crouch | | Transaction ID: SB29.4400 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 | | 2 | 2 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 4 | | 2 | 2 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | |
| Mailing Address 12345 Browning Rd. | | Amount of Each Disbursement this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> | 500.00 | | | | | | | | | | | | | | | | | | | |
| 500.00 | | | | | | | | | | | | | | | | | | | | | | |
| City Evansville State IN Zip Code 47725 | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Campaign Contribution | | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name Suzanne Crouch | | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | |
| State: IN District: 78 | | | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) Mike Delph | | Transaction ID: SB29.4390 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 | | 2 | 2 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 4 | | 2 | 2 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | |
| Mailing Address 200 W. Washington St. | | Amount of Each Disbursement this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> | 500.00 | | | | | | | | | | | | | | | | | | | |
| 500.00 | | | | | | | | | | | | | | | | | | | | | | |
| City Indianapolis State IN Zip Code 46204 | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Campaign Contribution | | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name Mike Delph | | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | |
| State: IN District: 29 | | | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) Craig Fry | | Transaction ID: SB29.4407 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 1 | 7 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 5 | | 1 | 7 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | |
| Mailing Address 637 Bay View Drive | | Amount of Each Disbursement this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> | 500.00 | | | | | | | | | | | | | | | | | | | |
| 500.00 | | | | | | | | | | | | | | | | | | | | | | |
| City Mishawaka State IN Zip Code 46544 | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Campaign Contribution | | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name Craig Fry | | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | |
| State: IN District: 5 | | | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 13

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
INDIANA DENTAL PAC

| | | |
|---|--|---|
| A. Full Name (Last, First, Middle Initial) Robert D. Garton | | Transaction ID: SB29.4392 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 2 / 2 0 0 6</div> </div> |
| Mailing Address 4024 W. S. Wood Lake Dr. | | Amount of Each Disbursement this Period <div>2000.00</div> |
| City Columbus State IN Zip Code 47201 | | |
| Purpose of Disbursement Campaign Contribution | <div>Category/Type</div> | |
| Candidate Name Robert D. Garton | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 51 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| B. Full Name (Last, First, Middle Initial) Phil Gia Quinta | | Transaction ID: SB29.4416 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 2 / 2 0 0 6</div> </div> |
| Mailing Address | | Amount of Each Disbursement this Period <div>300.00</div> |
| City State Zip Code | | |
| Purpose of Disbursement Campaign Contribution | <div>Category/Type</div> | |
| Candidate Name Phil Gia Quinta | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| C. Full Name (Last, First, Middle Initial) House Republican Campaign Comm. | | Transaction ID: SB29.4405 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 7 / 2 0 0 6</div> </div> |
| Mailing Address 200 S. Meridian Street #400 | | Amount of Each Disbursement this Period <div>200.00</div> |
| City Indianapolis State IN Zip Code 46225 | | |
| Purpose of Disbursement Campaign Contribution | <div>Category/Type</div> | |
| Candidate Name | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| SUBTOTAL of Disbursements This Page (optional) | | <div>2500.00</div> |
| TOTAL This Period (last page this line number only) | | |

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 13

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
INDIANA DENTAL PAC

Full Name (Last, First, Middle Initial)

A. Indiana Republican Party

Mailing Address 200 S. Meridian #400

City Indianapolis State IN Zip Code 46225

Purpose of Disbursement
Campaign Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.4402

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. Donald J. Lehe

Mailing Address 10644 S. 100 E

City Brookston State IN Zip Code 47923

Purpose of Disbursement
Campaign Contribution

Candidate Name
Donald J. Lehe

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: IN District: 15

Transaction ID: SB29.4394

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

C. David C Long

Mailing Address 2919 Covington Hollow Tr.

City Fort Wayne State IN Zip Code 46804

Purpose of Disbursement
Campaign Contribution

Candidate Name
David C Long

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: IN District: 16

Transaction ID: SB29.4414

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional)

3600.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 13

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
INDIANA DENTAL PAC

| | | |
|---|--|---|
| A. Full Name (Last, First, Middle Initial) James W. Merritt | | Transaction ID: SB29.4411 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 3 / 2 0 0 6</div> </div> |
| Mailing Address 5005 N. Illinois | | Amount of Each Disbursement this Period <div>1000.00</div> |
| City Indianapolis State IN Zip Code 46208 | | |
| Purpose of Disbursement Campaign Contribution | <div>Category/Type</div> | |
| Candidate Name James W. Merritt | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 31 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| B. Full Name (Last, First, Middle Initial) Joe Micron | | Transaction ID: SB29.4382 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 2 / 2 0 0 6</div> </div> |
| Mailing Address 6806 Armstrong Chapel Road | | Amount of Each Disbursement this Period <div>300.00</div> |
| City West Lafayette State IN Zip Code 47906 | | |
| Purpose of Disbursement Campaign Contribution | <div>Category/Type</div> | |
| Candidate Name | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 26 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| C. Full Name (Last, First, Middle Initial) Timothy Neese | | Transaction ID: SB29.4398 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 2 / 2 0 0 6</div> </div> |
| Mailing Address 203 N. Ward St. | | Amount of Each Disbursement this Period <div>300.00</div> |
| City Elkhart State IN Zip Code 46514 | | |
| Purpose of Disbursement Campaign Contribution | <div>Category/Type</div> | |
| Candidate Name Timothy Neese | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 48 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

SUBTOTAL of Disbursements This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 13

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
INDIANA DENTAL PAC

Full Name (Last, First, Middle Initial)

A. David Orentlicher

Mailing Address 5200 Grandview Drive

City Indianapolis State IN Zip Code 46228

Purpose of Disbursement
Campaign Contribution

Candidate Name
David Orentlicher

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: IN District: 86

Transaction ID: SB29.4409

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Allen Paul

Mailing Address 200 W. Washington St.

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement
Campaign Contribution

Candidate Name
Allen Paul

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: IN District: 27

Transaction ID: SB29.4387

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jerry Torr

Mailing Address 11944 Esty Way

City Carmel State IN Zip Code 46033

Purpose of Disbursement
Campaign Contribution

Candidate Name
Jerry Torr

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: IN District: 39

Transaction ID: SB29.4406

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 / 13

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
INDIANA DENTAL PAC

Full Name (Last, First, Middle Initial)

A. Vi Simpson for St. Senate Comm.

Mailing Address 4965 W. Woodland Drive

City Bloomington State IN Zip Code 47404

Purpose of Disbursement
Campaign Contribution

Candidate Name
Vi Simpson for St. Senate Comm.

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: IN District: 40

Transaction ID: SB29.4415

Date of Disbursement

06 / 23 / 2006

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

B. Peggy Welch

Mailing Address 2802 St. Remy Circle

City Bloomington State IN Zip Code 47401

Purpose of Disbursement
Campaign Contribution

Candidate Name
Peggy Welch

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: IN District: 60

Transaction ID: SB29.4383

Date of Disbursement

04 / 22 / 2006

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

C. Tom Wyss

Mailing Address 2280 ON 105 Lake James

City Angola State IN Zip Code 46703

Purpose of Disbursement
Campaign Contribution

Candidate Name
Tom Wyss

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: IN District: 15

Transaction ID: SB29.4413

Date of Disbursement

06 / 23 / 2006

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional)

900.00

TOTAL This Period (last page this line number only)

13900.00